

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

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|---|-------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Planned Parenthood Votes | | | FEC IDENTIFICATION NUMBER ▼ C C00489799 | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | | | | | |
| Full Name of Payee Planned Parenthood Action Fund Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2014 | | |
| Mailing Address 434 West 33rd Street | | | Amount 36.92 | | |
| City New York | State NY | Zip Code 10001 | Transaction ID : B537055 | | |
| Purpose of Expenditure Printing of advocacy materials | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2014 | | |
| Name of Federal Candidate Kay Hagan | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 1663245.05 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Planned Parenthood Action Fund Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014 | | |
| Mailing Address 434 West 33rd Street | | | Amount 89.60 | | |
| City New York | State NY | Zip Code 10001 | Transaction ID : B537056 | | |
| Purpose of Expenditure List rental | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014 | | |
| Name of Federal Candidate Thom Tillis | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 1663245.05 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 126.52 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Aletheia Henry</i> | | [Electronically Filed] | | Date MM / DD / YYYY 10 / 17 / 2014 | |